

## Project Request for New Construction and Modifications to Existing Space University of Alaska Anchorage

Forward this completed form with the proper signature and any supporting documents to  
Facilities Planning & Construction:

Inter-campus mail: ULB 110

E-mail: [ayfpc@uaa.alaska.edu](mailto:ayfpc@uaa.alaska.edu)

FAX number: FPC (786-4901)

<b>I. REQUESTOR INFORMATION:</b>		
Requesting Department:		Today's Date:
Requestor Name:	Phone:	Email:
<b>II. REQUEST FOR PROJECT:</b>		
If you need assistance completing this form call FP&C at 786-4900. If you need copies of floor plans, they are available on our website at <a href="http://fpgis.uaa.alaska.edu/CampusBuildings.htm">http://fpgis.uaa.alaska.edu/CampusBuildings.htm</a> .		
A. Project Type: New Construction <input type="checkbox"/> Renovation Project <input type="checkbox"/> Space Improvement <input type="checkbox"/> Other: _____		
B. Building (s) Effected: _____ Room Number (s) Effected: _____		
C. Briefly describe this project. (If available, please attach any floor plans, Dept. programs, diagrams, and backup documents that further identify the area and nature of this project): _____ _____ _____ _____		
D. Requested Completion Date? (Month/Date/Year) ____/____/20____. Are there any time constraints, events, projects, or any other considerations that may affect the schedule or completion date of this Project? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please provide as much information as possible: _____ _____		
E. Does this Project impact any space occupied by another Dept. or Dept. (s)? If no, proceed to question H. Yes <input type="checkbox"/> No <input type="checkbox"/>		
F. If yes, have you contacted the other Dept. (s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please contact other Dept. prior to submitting this form. If yes, please provide the name(s) & contact information of those contacted. _____ _____		
G. Are they in agreement with this project? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>III. PROJECT FUNDING:</b>		
H. Do you have funding available for this Project? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I. If no, What other Funding Sources are being used? _____		
J. If yes, What Fiscal Year will be used for Project Funding? FY _____ Please identify source: FUND _____ ORG _____ What is the total amount of Funding available for this Project? \$ _____		
<b>IV. REQUESTOR SIGNATURE</b>		
This Request must be Signed by the Requesting Department's Director or their Authorized Agent.		
Director or Authorized Agent:		Date:
Additional Comments:		
<b>-----FACILITIES PLANNING &amp; CONSTRUCTION USE ONLY-----</b>		
Project Name:		Project ID #:
Date Project Request received:            /        /20		
Date Project ID and File created:           /        /20		
FPC Director Reviewed and approved Project Request:		
Project Manager Assigned:		
Date Project Request Form issued to Assigned Project Manager:            /        /20		